

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - DENTAL SERVICES

PRIOR AUTHORIZATION: NMAP requires prior authorization of all dental treatment when the cost exceeds a total of \$400. Prior authorization must be obtained before the service is provided. Diagnostic services, as defined in state regulations, do not require prior authorization. Pre-payment authorization for emergencies and other circumstances beyond the provider's control (insurance coverage, etc.) will be reviewed by Medical Services staff.

COVERED SERVICES: NMAP defines dental services as any diagnostic, preventive, or corrective procedures provided by or under the supervision of a licensed dentist. Covered procedures are specified in state regulations.

DIAGNOSTIC DENTAL SERVICES: NMAP covers diagnostic dental services as defined in state regulations. This includes exams, radiology, prophylaxis, topical application of fluoride, and diagnostic casts. Exams are covered once each year. For clients who are eligible for HEALTH CHECK (EPSDT), interperiodic dental exams will also be considered appropriate to determine the existence of suspected conditions. When a patient is referred to another dentist or specialist, NMAP covers one exam by the second dentist or specialist.

ORAL SURGERY: Oral surgery, as defined by HCPCS, is covered as a physician service.

HOSPITALIZATION FOR DENTAL SERVICES Dental services must be provided at the least expensive appropriate place of service. Payment for hospitalization, either outpatient or in an Ambulatory Surgical Center, for dental treatment must be prior authorized by the Medical Services Division. Inpatient hospitalization must be approved by the PRO. Authorization is based on medical necessity rather than dental needs. The only cases that do not require prior authorization of payment are emergencies, such as trauma resulting from an accident.

Transmittal # MS-93-15

Supersedes

Approved JAN 26 1994

Effective NOV 17 1993

Transmittal # MS-90-14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - DENTAL SERVICES

For dental services provided in a hospital (inpatient, outpatient, or in an Ambulatory Surgical Center), the dentist shall require prior authorization of payment for the dental procedure from the Medical Services Division.

DENTURES: NMAP covers dentures only when the prior authorization request indicates masticatory deficiencies likely to impair the general health of the client. Other factors that are considered are age, school status, employment status, rehabilitation potential of the client, and psychological implications. NMAP does not cover dentures when -

1. The client's dental history reveals that any or all dentures made in recent years have been unsatisfactory for reasons that are not remediable, such as physiological or psychological factors; or
2. Repair, relining, or rebasing (jumping or duplication) of the client's present denture will make it serviceable.

Completed treatment for dentures includes all material and necessary adjustments for six months.

PARTIALS: For clients age 21 and older, NMAP only considers authorization of partial dentures for replacement of anterior teeth. NMAP defines the front eight teeth on each arch as anterior teeth for partials. NMAP may authorize a flipper type partial, or acrylic partial as determined most appropriate by consultant review criteria. NMAP does not cover cast partials for clients age 21 and older.

Transmittal # MS-93-15

Supersedes

Approved

JAN 26 1994

Effective

NOV 17 1993

Transmittal # MS-90-14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - DENTAL SERVICES

For clients age 20 and younger, NMAP considers authorization of partial dentures if the client does not have adequate occlusion. Adequate occlusion, for clients age 20 and younger, is determined to be second bicuspid through second bicuspid or a combination of two occluding molars with no missing anterior teeth. NMAP requires that cast clasps be used on partial dentures.

COSMETIC SERVICES: NMAP does not cover cosmetic dental services.

RADIOLOGY: NMAP limits coverage of radiology to those procedures necessary to make a diagnosis. The radiograms must show all areas where treatment is planned. A complete series of radiograms is covered once every three years.

ENDODONTIA: NMAP covers endodontia for anterior and posterior permanent teeth when the prior authorization request of submitted x-rays substantiate medical necessity.

PERIODONTAL TREATMENT: All periodontal treatment must be prior authorized by the Medical Services Division. Covered periodontal services include those procedures necessary for the treatment of the tissues supporting the teeth.

Transmittal # MS-93-15

Supersedes

Approved

JAN 26 1994

Effective

NOV 17 1993

Transmittal # MS-90-14

Attachment 3.1-A
Item 11a
Applies to both categorically
and medically needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - PHYSICAL THERAPY

NMAP covers physical therapy services when the following conditions are met.
The services must be -

1. Prescribed by a physician;
2. Performed by, or under the direct supervision of, a licensed physical therapist;
3. Restorative; and
4. There is a medically appropriate expectation that the patient's condition will improve significantly in a reasonable period of time or the services are recommended in a Department-approved individual program plan (IPP).

NMAP does not cover physical therapy if the expected restoration potential is insignificant in relation to the extent and duration of the services required to achieve the potential.

Exception: NMAP covers physical therapy services for EPSDT eligibles when the following conditions are met. The services must be -

1. Prescribed by a physician;
2. Performed by, or under the direct supervision of, a licensed physical therapist; and
3. There is a medically appropriate expectation that the patient's condition will improve significantly in a reasonable period of time or the services are recommended in a Department-approved individual program plan (IPP).

Transmittal # MS-90-14

Supersedes

Approved

8/6/90

Effective

4/1/90

Transmittal # MS-87-19

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - OCCUPATIONAL THERAPY

NMAP covers occupational therapy services provided by independent therapists under the following conditions.

The therapist must be licensed by the Nebraska Department of Health. If services are provided by an OT assistant under the supervision of an OT, the assistant must be licensed by the Nebraska Department of Health. If services are provided outside Nebraska, the provider must be licensed in that state.

Occupational therapy is defined as improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation; improving ability to perform tasks for independent functioning when functions are impaired or lost; or preventing, through early intervention, initial or further impairment or loss of function.

NMAP covers OT services when the following conditions are met. The services must be -

1. Prescribed by a physician;
2. Performed by a licensed occupational therapist or a licensed occupational therapy assistant under the supervision of a licensed occupational therapist;
3. Restorative; and
4. Reasonable and medically necessary for the treatment of the client's illness or injury.

NMAP covers orthotic appliances or devices when medically necessary for the client's condition. NMAP does not reimburse an occupational therapist for orthotic devices or appliance which do not require customized fabrication by the therapist.

Exception: NMAP covers occupational therapy services for EPSDT eligibles when the following conditions are met. The services must be -

1. Prescribed by a physician;
2. Performed by a licensed occupational therapist or a licensed occupational therapy assistant under the supervision of a licensed occupational therapist; and
3. Reasonable and medically necessary for the treatment of the client's illness or injury.

Transmittal # MS-90-14

Supersedes

Approved

8/6/90

Effective

4/1/90

Transmittal # (new page)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - SERVICES FOR INDIVIDUALS WITH SPEECH, HEARING, AND LANGUAGE DISORDERS

To be covered by NMAP, speech pathology and audiology services must be prescribed by a licensed physician and performed by a licensed speech pathologist or audiologist. The speech pathologist or audiologist must be in constant attendance. The physician's orders must be for no more than 30 days, with documentation of the patient's progress and a recertification of the physician's order every 30 days or more frequently if the patient's condition necessitates.

In addition, the services must be, or meet at least one of the following conditions:

1. An evaluation;
2. The services must be restorative speech pathology with a medically appropriate expectation that the patient's condition will improve significantly within a reasonable period of time; or
3. The services must have been recommended in a Department-approved individual program plan (IPP); or
4. The services must be necessary for an individual with an augmentative communication device.

NMAP covers speech pathology and audiology services when the following conditions are met. The services must be -

1. Prescribed by a physician;
2. Performed by, or under the supervision of, a licensed speech pathologist or audiologist;
3. Restorative; and
4. There is a medically appropriate expectation that the patient's condition will improve significantly in a reasonable period of time or the services are recommended in a Department-approved individual program plan (IPP).

Transmittal # MS-91-11

Supersedes

Approved

07/12/91

Effective

04/01/91

Transmittal # MS-90-14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - SERVICES FOR INDIVIDUALS WITH SPEECH, HEARING, AND LANGUAGE DISORDERS

NMAP does not cover speech pathology and audiology services when the expected restoration potential is insignificant in relation to the extent and duration of the services required to achieve the potential.

Exception: NMAP covers speech pathology and audiology services for EPSDT eligibles when the following conditions are met. The services must be -

1. Prescribed by a physician (Exception: Audiology screening services for EPSDT eligibles do not require a physician's prescription);
2. Performed by, or under the supervision of, a licensed speech pathologist or audiologist; and
3. There is a medically appropriate expectation that the patient's condition will improve significantly in a reasonable period of time or the services are recommended in a Department-approved individual program plan (IPP).

Transmittal # MS-91-11

Supersedes

Approved

07/12/91

Effective

04/01/91

Transmittal # MS-90-14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - PRESCRIBED DRUGS

The Nebraska Medicaid Program covers outpatient drugs, in accordance with Sections 1902(a)(54) and 1927 of the Social Security Act, which are covered by a national or State agreement, with the following restrictions or exceptions (as indicated by checkmark).

- ☒ A. Prior authorization program which complies with Section 1927(d)(5) of the Social Security Act.
- ☒ B. The following drugs are covered, or restricted, as indicated by the checkmark:
- ☒ 1. Certain drugs are not covered if the prescribed use is not for a medically accepted indication, as defined by Section 1927(k)(6).
- ☒ 2. Drugs subject to restrictions pursuant to an agreement between a manufacturer and this State authorized by the Secretary under 1927(a)(1) or 1927(a)(4).
- ☒ C. The following drugs or classes of drugs, or their medical uses, as indicated by a checkmark, are excluded from coverage or otherwise restricted:
- ☒ 1. Agents when used for anorexia or weight gain.
- ☒ 2. Agents when used to promote fertility.
- ☒ 3. Agents when used for cosmetic purposes or hair growth.
- ☐ 4. Agents when used for symptomatic relief of cough and colds.

Transmittal # MS-95-7

JUL 18 1995

Supersedes

Approved

Effective APR 26 1995

Transmittal # MS-92-17

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - PRESCRIBED DRUGS

- ☒ 5. Agents when used to promote smoking cessation.
- ☐ 6. Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations.
- ☒ 7. Nonprescription drugs.*
- ☐ 8. Covered outpatient drugs which the manufacturer seeks to require as a condition or sale that associated tests or monitoring services be purchased exclusively from the manufacturer or his designee.
- ☒ 9. Drugs described in section 107(c)(3) of the Drug Amendments of 1962 and identical, similar, or related drugs (within the meaning of Section 310.6(b)(1) of title 21 of the Code of Federal Regulations (DESI drugs).
- ☐ 10. Barbiturates.
- ☐ 11. Benzodiazepines.
- ☒ 12. Liquors.
- ☒ 13. Personal care items.

*Note: Only nonprescription drugs indicated as covered on the Nebraska Point of Purchase (NE-POP) System or listed on the Department's Drug Code/License Number Listing microfiche are covered.

Transmittal # MS-95-7

Supersedes

Approved JUL 18 1995

Effective APR 26 1995

Transmittal # MS-92-17

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - PRESCRIBED DRUGS

-
-
15. Medical supplies and certain drugs for long term care facility patients; and
 16. Over-the-counter (OTC) drugs not listed on the Department's Drug Code/License Number Listing microfiche.

*This type of drug may be covered when prescribed for hyperkinesis in children or for narcolepsy only when the prescribing physician has obtained prior approval, unless narcopelsy or hyperkinesis is an approved medical indication for the drug and this condition is clearly indicated on the face of the claim. Ritalin requires prior approval regardless of its intended use or age of the patient.

Products Requiring Prior Approval: The Department requires that approval be granted prior to payment for certain products. These products are listed in the Department's Drug Code/License Number Listing microfiche.

TN# MS-86-22

Supersedes

Approved

10/15/80

Effective

8/1/80

TN# MS-83-10